

# Lovaza (omega-3 fatty acids)

## Prior Authorization Request Form



5642

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP) OR the TRICARE Retail Pharmacy Program (TRRx). Express Scripts is the TMOP and TRRx contractor for DoD.

MAIL ORDER  
and  
RETAIL

- The provider may call: **1-866-684-4488**  
or the completed form may be faxed to:  
**1-866-684-4477**

- The patient may attach the completed form  
to the prescription and mail it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**  
or email the form only to:  
**TpharmPA@express-scripts.com**

Prior authorization criteria and a copy of this form are available at: [http://pec.ha.osd.mil/forms\\_criteria.php](http://pec.ha.osd.mil/forms_criteria.php). This prior authorization has no expiration date.

### Step 1 Please complete patient and physician information (please print):

1

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
_____	_____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

### Step 2 Please complete the clinical assessment:

2

1. Does the patient have a diagnosis of hypertriglyceridemia <sup>1</sup> ?	Yes Proceed to Question 2	No Coverage not approved
2. Does the patient have a current triglyceride (TG) level less than 500 mg/dl ?	Yes Proceed to Question 3	No Coverage approved
3. Is the patient currently taking a statin?	Yes Proceed to Question 4	No Proceed to Question 5
4. Has the patient had an inadequate TG-lowering response to a therapeutic trial of niacin (1-2 g/day) OR fibrates, or is unable to tolerate niacin or fibrates, or is not a candidate for niacin or fibrate therapy?	Yes Please sign and date below	No Coverage not approved
5. Has the patient had an inadequate TG-lowering response to a therapeutic trial of niacin (1-2 g/day) AND fibrates, is unable to tolerate BOTH niacin AND fibrates, or is not a candidate for BOTH niacin AND fibrate therapy?	Yes Please sign and date below	No Coverage not approved

<sup>1</sup> Coverage is not approved for Lovaza for use in non-FDA approved conditions, including the following: Attention Deficit Hyperactivity Disorder, Alzheimer's disease, bipolar disease, Crohn's disease, cystic fibrosis, dementia, depression, inflammatory bowel disease, intermittent claudication, metabolic syndrome, osteoporosis, post-traumatic stress disorder, renal disease (immunoglobulin A nephropathy), rheumatoid arthritis, schizophrenia, Type 2 diabetes mellitus, and ulcerative colitis.

### Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

3

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

Revised 11 August 2011